

APPLICATION FOR ORIGINAL OCCUPATIONAL LICENSE (Part C)

NAME OF INDIVIDUAL, PARTNERS, CORPORATION, LIMITED LIABILITY COMPANY, OR ASSOCIATION	TELEPHONE NO. ()
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FIRM OR TRADE NAME

DBA

ADDRESS (NUMBER AND STREET)	CITY	STATE	COUNTY	ZIP CODE
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OWNERSHIP (List name and title of individual; each Partner (designate whether general or limited); each principal Officer and Director, or Stockholder of the corporation participating in the direction, control and management of the policy of the business; each Member and **Manager of the limited liability company participating in the direction, control and management of the policy of the business**; and each member of the association participating in the direction control and management of the association.)

NAME (LAST, FIRST, MIDDLE)	TITLE

INSTRUCTIONS: (Complete Section I, II, III, IV or V below depending on whether ownership is individual, partnership, corporation, limited liability company, or association.)

I. INDIVIDUAL

I certify under penalty of perjury under the laws of the State of California, that I am the sole owner of (print name of business) _____ and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNED



II. PARTNERSHIP

We certify under penalty of perjury under the laws of the State of California, that we are co-partners in (print name of business) _____ and that no other person is associated in the ownership of the business, and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNED



SIGNED



SIGNED



III. CORPORATION

I certify under penalty of perjury under the laws of the State of California, that (name of business) _____ is incorporated in the State of _____ and our corporate number is _____ and is authorized by the California Secretary of State to transact business in California, and that all answers and information contained within Part A and Part B of this application are true and correct.

(AFFIX CORPORATE
SEAL HERE)

SIGNATURE OF CORPORATE OFFICER AUTHORIZED TO SIGN FOR CORPORATION



TITLE

IV. LIMITED LIABILITY COMPANY

I certify under penalty of perjury that (print name of business) _____ is a Limited Liability Company in the State of _____ and our Limited Liability Company number is _____ and is authorized by the California Secretary of State to transact business in California and that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNATURE OF MEMBER OR MANAGER AUTHORIZED TO SIGN FOR LIMITED LIABILITY COMPANY



V. ASSOCIATION

I certify under penalty of perjury that under the laws of the State of California that all answers and information contained within Part A and Part B of this application are true and correct.

SIGNED

